



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
FOOD PROTECTION SECTION

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964

APPLICATION FOR SHELLFISH CERTIFICATION

Legal Name of Dealer _____

Location of shellfish processing plant _____
(Street) (City or Town) (State) (Zip)

Dealer Tel. No.: _____ Shellfish Processing Plant Tel. No.: _____

Emergency Tel. No. _____

Name of person-in-charge of shellfish processing plant _____

Business mailing address _____
(Street or PO Box) (City or Town) (State) (Zip)

Type of certificate requested: ____ New ____ Recertification If recertification, current certificate # _____

Class of certificate: ____ Reshipper ____ Shellstock Shipper ____ Repacker ____ Shucker Packer ____ Depurator
\$100 \$200 \$500 \$600 \$1000

Shellfish process plant schedule of operations: Weeks per year: _____

Days of operation during the week: _____ Hours of operation: _____

Types of shellfish to be processed: _____

*All sources from which shellfish are obtained: _____

Town Water ____ Yes ____ No Town Wastewater ____ Yes ____ No

*Description of all vehicles used to transport shellfish including:

Make of vehicle: _____ Vehicle identification number: _____
Year of manufacture: _____ Color: _____
State motor vehicle registration number: _____

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Year of manufacture: _____ Color: _____
State motor vehicle registration number: _____

*Use additional sheets if needed.

Signature of dealer or person authorized by dealer.

Date

For Office Use Only

Date application received _____ Application form complete _____ DES approval submitted _____
Check number _____ H2O approval submitted _____
Date approved by SSO _____ Certificate number _____